

Year (April–March)	Number of transfusion appointments
2012 – 2013	35
2013 – 2014	72
2014 – 2015	81
2015 – 2016	293

**Conclusion** Coupled to the significant increase in referral numbers to our service there has been a noticeable increase in the number of patients referred with haematological diagnoses. Many require multiple recurrent transfusions over many months which allows a natural progression from active treatment into palliative services, within an environment which is well equipped to support them as their illness deteriorates. Our patient feedback shows we are running an excellent service for our patients, in a setting they enjoy.

**P-121 ASSESSING PAIN IN CHILDREN WHO ARE NON VERBAL OR COGNITIVELY IMPAIRED**

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Barriers to pain management in infants and children are vast and include inaccuracies regarding pathological mechanisms of pain and deficient knowledge of methods of assessing pain (Srouji *et al.*, 2010). Despite recent advances in our understanding of children's pain, difficulties lie in distinguishing pain from other sources such as anxiety and stress (Voepel-Lewis 2011). The unique challenges assessing pain in children are age, development, communication skills and past experiences of pain (Srouji *et al.*, 2010). These challenges are increased when there is varying levels of cognitive ability, and children with cognitive impairment are at greater risk of under treatment (Clen-Lim *et al.*, 2012). The common problem is the inability to verbally self-report their pain and the frequent exposure to pain due to association of disease pain and the high impact on quality of life (Massaro *et al.*, 2013). Measurement of pain is essential and is assessed to determine the effectiveness of the treatments (Massaro *et al.*, 2013). For children with communication difficulties a valid and reliable tool should always be used (Massaro *et al.*, 2013). The Faces, Legs, Activity, Cry and Consolability (FLACC) behavioural tool developed by Merkel, Voepel-Lewis, Shayevitz, and Malviya (1997) was not originally designed for cognitively impaired children however has shown to be a valid and reliable tool in this population (Massaro *et al.*, 2013).

**P-122 ENABLING PATIENTS TO SELF-MANAGE THEIR PAIN; A PILOT OF A MODIFIED PAIN MANAGEMENT PROGRAMME**

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**Background** Despite WHO recommendations for the management of pain the prevalence in palliative patients remains between 62–86% and management remains primarily pharmacological. There is good evidence for the efficacy of Pain Management Programmes (PMP) based on cognitive behavioural principles for patients with chronic pain. They have been shown

to improve pain experience, mood, coping, and activity levels. Palliative patients are rarely eligible for inclusion on such programmes.

**Aim**

- To pilot and evaluate a holistic PMP tailored to the needs of palliative patients
- To reduce use of analgesics
- To introduce techniques for self-management of pain.

**Design**

- Patients with a life-limiting illness, complex pain, a Pain Score greater than 5 and a Karnofsky Performance Scale greater than 50% were eligible for enrolment in the six week programme
- Patients were initially assessed by a palliative consultant and a pharmacist to optimise drug regimens
- The PMP used a multi-disciplinary rehabilitative approach introducing the Pain Toolkit, Mindfulness, Relaxation, Cognitive Behavioural Techniques and Seated Exercise
- Evaluation was by structured questionnaires, the Hospital Anxiety and Depression Scale (HADS) and Pain Scores.

**Results**

- 18 patients met the inclusion criteria, nine patients agreed to take part, five patients completed the programme. Age range 32 to 74 years
- Patients reported moderate to severe anxiety and depression at the start. HADS scoring showed category improvement by the end
- Mindfulness and relaxation were rated as the most beneficial elements
- Patients reported group working supportive
- Pain scores did not change significantly but patients used less breakthrough medication
- Patients were able to employ techniques to self-manage pain.

**Conclusion** It can be difficult for palliative patients to attend a six-week programme; however for those who are well enough the pilot showed benefit, it improves pain self-management and reduces use of analgesics. Wider introduction of modified PMPs could be considered for palliative patients.

**P-123 USING ONE PAGE PROFILES TO IMPROVE PERSON CENTRED CARE ON THE INPATIENT UNIT (IPU)**

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The Inpatient unit are constantly looking at the way in which we work and how we can improve and change practice. One of the current projects we are undertaking is based on person-centred care and One Page profiles.

A one page profile captures all the important information on a single sheet of paper under simple headings. We have produced our own one page profile and named it 'What is Important to You' the headings we are using are:

- How will decisions be made, who will be involved in this?
- What is important to me?
- How to support me and those I love
- What must happen?
- What must not happen?

One page profiles are a way of learning and supporting people to achieve things that are important to them. Even if someone is